MONTANA LEGISLATIVE HISTORY

Chapter 101 ~~19~~ 2001

Bill H 175 S _____ Original bill & history ✓ C

H. Committee on Human Services			S. Committee on Public Health...		
Hearing Date(s)	1-15	✓ C	Hearing Date(s)	3-5	✓ C
	1-22	✓ C			C
		C			C
		C			C
Date Out		C			

Did this bill originate in an interim committee? ____Yes ____No

Committee _____ Report _____

HOUSE BILL NO. 175

INTRODUCED BY L. JENT

BY REQUEST OF THE ATTORNEY GENERAL

A BILL FOR AN ACT ENTITLED: "AN ACT ALLOWING DISCLOSURE OF CONFIDENTIAL HEALTH CARE INFORMATION WITHOUT A PATIENT'S AUTHORIZATION TO THE STATE MEDICAL EXAMINER OR COUNTY CORONER FOR THE PURPOSE OF DETERMINING A CAUSE OF DEATH; AND AMENDING SECTION 50-16-530, MCA."

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MONTANA:

Section 1. Section 50-16-530, MCA, is amended to read:

"**50-16-530. Disclosure without patient's authorization -- other bases.** A health care provider may disclose health care information about a patient without the patient's authorization if the disclosure is:

(1) directory information, unless the patient has instructed the health care provider not to make the disclosure;

(2) to federal, state, or local public health authorities, to the extent the health care provider is required by law to report health care information or when needed to protect the public health;

(3) to federal, state, or local law enforcement authorities to the extent required by law;

(4) to a law enforcement officer about the general physical condition of a patient being treated in a health care facility if the patient was injured on a public roadway or was injured by the possible criminal act of another;

(5) in response to a request of the division of crime control for information under 53-9-104(2)(b);

(6) pursuant to compulsory process in accordance with 50-16-535 and 50-16-536; ~~or~~

(7) pursuant to 50-16-712; or

(8) to the state medical examiner or a county coroner for use in determining cause of death. The information is required to be held confidential as provided by law."

- END -

Action - Most Recent First	Date	Votes Yes	Votes No	Committee
Chapter Number Assigned	03/22/2001			
(H) Signed by Governor	03/22/2001			
(H) Transmitted to Governor	03/15/2001			
(S) Signed by President	03/14/2001			
(H) Signed by Speaker	03/13/2001			
(H) Returned from Enrolling	03/12/2001			
(C) Sent to Printing	03/12/2001			
(H) Sent to Enrolling	03/12/2001			
(S) Returned to House	03/09/2001			
(S) 3rd Reading Concurred	03/09/2001	46	0	
(S) Scheduled for 3rd Reading	03/09/2001			
(C) Sent to Printing	03/08/2001			
(S) 2nd Reading Concurred on Voice Vote	03/08/2001	50	0	
(S) Scheduled for 2nd Reading	03/08/2001			
(S) 2nd Reading Passed Consideration	03/07/2001			
(S) Scheduled for 2nd Reading	03/07/2001			
(S) Committee Report--Bill Concurred	03/06/2001			(S) Public Health, Welfare and Safety
(S) Committee Executive Action--Bill Concurred	03/06/2001	10	0	(S) Public Health, Welfare and Safety
(S) Hearing	03/05/2001			(S) Public Health, Welfare and Safety
(S) Referred to Committee	01/30/2001			(S) Public Health, Welfare and Safety
(S) First Reading	01/30/2001			
(H) Transmitted to Senate	01/29/2001			
(H) 3rd Reading Passed	01/29/2001	93	7	
(H) Scheduled for 3rd Reading	01/29/2001			
(H) 2nd Reading Passed	01/27/2001	91	7	
(H) Scheduled for 2nd Reading	01/27/2001			
(H) Scheduled for 2nd Reading	01/26/2001			
(H) Committee Report--Bill Passed	01/23/2001			(H) Human Services
(H) Committee Executive Action--Bill Passed	01/23/2001	17	1	(H) Human Services
(H) Hearing	01/15/2001			(H) Human Services
(C) Introduced Bill Text Available Electronically	01/06/2001			

(H) Referred to Committee	01/05/2001			(H) Human Services
(H) First Reading	01/05/2001			
(H) Introduced	01/05/2001			
(C) Draft Delivered to Requester	01/04/2001			
(C) Draft Ready for Delivery	01/02/2001			
(C) Draft in Assembly/Executive Director Review	12/20/2000			
(C) Draft in Final Drafter Review	12/20/2000			
(C) Bill Draft Text Available Electronically	12/20/2000			
(C) Draft in Input/Proofing	12/20/2000			
(C) Draft to Drafter - Edit Review [CAJ]	12/19/2000			
(C) Draft in Edit	12/19/2000			
(C) Draft in Legal Review	12/19/2000			
(C) Draft to Requester for Review	11/30/2000			
(C) Draft Request Received	11/21/2000			

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON HUMAN SERVICES

Call to Order: By **CHAIRMAN BILL THOMAS**, on January 15, 2001 at 3:00 P.M., in Room 172 Capitol.

ROLL CALL

Members Present:

Rep. Bill Thomas, Chairman (R)
Rep. Roy Brown, Vice Chairman (R)
Rep. Trudi Schmidt, Vice Chairman (D)
Rep. Tom Dell (D)
Rep. John Esp (R)
Rep. Tom Facey (D)
Rep. Dennis Himmelberger (R)
Rep. Larry Jent (D)
Rep. Michelle Lee (D)
Rep. Brad Newman (D)
Rep. Mark Noennig (R)
Rep. Holly Raser (D)
Rep. Diane Rice (R)
Rep. Rick Ripley (R)
Rep. Clarice Schrumpf (R)
Rep. Jim Shockley (R)
Rep. James Whitaker (R)

Members Excused: Rep. Daniel Fuchs (R)

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Pati O'Reilly, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 96, HB 175, HB 180, 1/12/2001
Executive Action: HB 180

public health nurses in public schools where the children are and coordination there with not only the tobacco prevention program but also with the mental health department. The bill also allocates ten percent to DPHHS for the five mental health regions for preventative, evaluative and direct services to children in coordination with school nursing and for stepdown care, in order to prevent more serious and long-term illnesses. Stepdown care is a huge need. The school nurse is the only medical professional in the education settings and may be the only medical resource a student and family is willing to seek out. School nursing is an avenue to address many health problems. According to a recent survey of school nurses by the National Assn. of School Nurses, 98 percent of school nurses have saved a child's life. 82 percent of school nurses have identified an abused child. 67 percent of school nurses have counseled a depressed or suicidal student. Senator John McCain has been quoted as saying that if states don't use this money for health care, we ought to take it back. ***{Tape : 1; Side : B; Approx. Time Counter : 25.9 - 28.8}***

HEARING ON HB 175

Sponsor: REP. LARRY JENT, HD 29, Bozeman

Proponents: Pam Bucy, Assistant Attorney General
Gary Dale, State Medical Examiner
Tim Wong, Montana Coroners' Assn.

Opponents: None

Opening Statement by Sponsor:

REP. LARRY JENT, HD 29, Bozeman, said that the purpose of the bill is to aid coroners and the state medical examiner in determining the cause of death. The effect of the bill is to allow the medical records to be released to the coroner or the state medical examiner for use in determining cause of death. The information is required to be held confidential as provided by law. Usually it is not a problem, but when it is, the lack of those records may result in an unnecessary autopsy being performed, either by the county coroner or the state medical examiner. Medical records frequently provide them with information and important clues. Although most of the deaths investigated by coroners and medical examiners are due to natural causes, that is unknown at the start of the investigation so all information that can be obtained is important, including medical records. The reason for the bill is to address a conflict in certain statutes governing coroners' subpoenas, which are found

in Title 44, MCA, and the Mt. Health Care Information Act, 50-16-501. Hospitals are bound by the Act, which provides certain narrow exceptions, which are that a court has determined the information is subject to compulsory process or it's requested pursuant to investigative subpoena. The trouble with those exceptions is that subsection (j) doesn't apply because a coroner's subpoena isn't issued under that relevant statute, and the other subsection does not apply because it doesn't supply the clear and certain rule necessary under the Act. A recent case arose in Missoula where the hospital was in the situation of possibly being in violation if they did disclose, possibly being in violation if they didn't disclose, because the two acts, one in Title 50 and one in Title 44, may not be reconcilable. For that reason, the Attorney General requested a clarification of the law. While most of the time it isn't a problem, when it is, the lack of clarity may well cause an unnecessary autopsy, which is one of the reasons this bill has been requested. **EXHIBIT(huh11a06)** ***{Tape : 2; Side : A; Approx. Time Counter : 0 - 4.9}***

Proponents' Testimony:

Pam Bucy, Assistant Attorney General, said that this bill was requested by the Attorney General and particularly the State Medical Examiner. In 1987 the Montana Legislature adopted the Health Care Information Act, which contains language offering significant protection for the confidentiality of patient records and restricts disclosure of this kind of information. The Act lists several situations in which disclosure of patient information without authorization is appropriate. Subsection 3 of that section, which is 50-16-530, lists release of medical records to federal, state or local law enforcement authorities to the extent required by law. That at this point is the authority by which medical records are turned over to county coroners. That is appropriate, because many county coroners operate under their local sheriff's departments. However, not all of them do, and that is the problem. Most hospitals and clinics are cooperative with this and we have very little problem, but there is one hospital, or clinic, citing restrictive language in the HCIA, that has refused to cooperate with the coroner's request. This defeats the purpose of the law enforcement and county coroner exceptions, and it seriously impedes the duties of county coroners in determining the cause of death. This bill clarifies the language in the HCIA to include county coroners and medical examiners as people who would get medical information without the patient's authorization. That amendment further specifies that that information is required to be held confidential, as required by law. This bill is simply a clarification of the law. It is how the law is practiced now, but

it is important to clarify so there is no confusion of what the law is. ***{Tape : 2; Side : A; Approx. Time Counter : 4.9 - 7.7}***

Gary Dale, State Medical Examiner, said that part of the thrust of this legislation was problems that have arisen during his ten year tenure in his position. Generally it was not a problem. The patients referred to are decedents whose deaths fall under inquiry. Such deaths are mandated to be inquired into by the coroners and by the State Medical Examiner. His primary job is to assist the coroners of the state in their determination of both cause and manner of sudden unexpected deaths, which is the primary death covered under the coroners' statute. Contrary to popular belief, the most common manner of deaths investigated by coroners are actually natural deaths, and the most common of those is heart disease, coronary artery disease. He frequently delves into the decedents' medical records and is in a position to frequently request them. Usually there are no problems. Problems arise typically when there is a switch in the administration of the medical records' department of a facility, or through consultation with their counsel. This bill would eliminate conflicts. ***{Tape : 2; Side : A; Approx. Time Counter : 7.7 - 9.8}***

Tim Wong, Montana Coroners' Assn., has been the Cascade County deputy coroner for about nine years and is here representing all Montana coroners. In death investigations, coroners certainly like to view the medical records. In Cascade County, fortunately with the great volume of cases they handle, they have a very good working relationship with the hospital. Being a sheriff-coroner combined, he has access to the records on a regular basis, which saves time, thus better serving the public. He supports the bill on behalf of all coroners in the state. ***{Tape : 2; Side : A; Approx. Time Counter : 10 - 11}***

Opponents' Testimony: None

Informational Testimony: None

Questions from Committee Members and Responses:

{Tape : 2; Side : A; Approx. Time Counter : 11.4 - 21.2}

Rep. Brown asked the sponsor for clarification, giving the example of a person who had died under unusual circumstances, and the state medical examiner had trouble determining the cause of death so requested medical records. In this particular example, the person had AIDS, and his family did not want that disclosed, or he particularly did not want it disclosed. Is there anything in this bill that would affect the situation? **Rep. Jent** said the

information is required to be held confidential as provided by law, and only the county coroner can have that information. There are also other confidentiality statutes, including the Montana Criminal Justice Information Act, which is an additional source of a "lockbox" for confidential information. That's why that last clause is in section 8 of the statute. Elsewhere in Title 50 there are confidentiality clauses, as there are in Title 44, which is the Criminal Justice Information Act.

Rep. Noennig asked **Pam Bucy** what hospital was referred to in her testimony as being uncooperative in providing information to the coroner. **Ms. Bucy** it was Community Hospital in Missoula and actually they didn't necessarily refuse, they wrote a letter to everybody saying they just wanted clarification on this so were going to move to quash the coroner's subpoena so they could get clarification. **Rep. Noennig** asked for an explanation of why there isn't authority to do this already. **Ms. Bucy** said that section 50-16-530, MCA, subsection 3, authorizes the disclosure without the patient's authorization to federal, state or local law enforcement agencies; and it is that authority that county coroners are currently using to receive this information. Most coroners operate under the auspices of the county sheriff's department. However, there are some that don't, and that is the problem and the reason we are asking for the clarification. **Rep. Noennig** asked about the subpoena power of the coroner during the inquiry. Can't a coroner informally ask for this information, and if refused, obtain a subpoena to get it? **Ms. Bucy** responded that they can. The coroner's subpoena isn't the same as other subpoenas, but is simply a request by the coroner. It's not signed by a judge, and that's what the hospitals were asking for. Instead of just turning over the information, they wanted a court order that said they had to turn over the information. **Rep. Noennig** asked if the coroner's subpoena is just something that they can issue, why is that not sufficient to get the information? **Ms. Bucy** said that the hospital did not honor that subpoena because they did not think the coroner had the authority to ask for the information without a court order, because all of the rest of the disclosure provisions in this act require court-ordered disclosures. **Rep. Noennig** asked if it is their position that if this bill passes, a coroner could request the information without issuing a subpoena. **Ms. Bucy** said no; the coroner would still issue subpoenas, but they would not be signed by judges.

Rep. Facey asked **Tim Wong** if on the death certificate where it says "cause of death" there a box that says "natural" or must the coroner write that down. **Mr. Wong** responded that there are two separate parts to the death certificate. The middle part is for the actual cause of death. In the left lower corner of the certificate there are six manners of death, including "undetermined," and the

coroner checks the appropriate box. **Rep. Facey** asked if on the death certificate it indicated that a person died of natural causes, would the coroner ever write on it that the person had cancer or another disease. **Mr. Wong** said yes. If the State Medical Examiner performs an autopsy for them and provides a cause of death, that will be noted on the death certificate. If a patient dies at home and the coroner obtains that person's medical history and finds that the history is significant for heart-related problems or coronary artery disease, and if the person is 70-some years old and sees a doctor frequently, unless a family wanted an autopsy, the coroner would review that medical record and likely not order an autopsy because of the medical history, but would certify it as a natural, cardiac-related death.

Rep. Brown asked if the death certificate is a matter of public record and the coroner, using medical records obtained through this statute, determines that the person died due to complications from AIDS, that would be a matter of public record and maybe that person and his family did not want that disclosed. **Rep. Jent** said that is correct, as the death certificate contains the cause of death. A person doesn't die from acquired immune deficiency syndrome but from pneumonia or heart failure or something like that. But, as a cause of death, there is no confidentiality now, it is a matter of public record. The Dept. of Public Health and Human Services has a copy of the death certificate as does the County Clerk and Recorder, so anyone can look up a death certificate now under current law and find out why someone died. **Rep. Brown** said if they did not have those medical records originally and they were not disclosed to the examiner, he may put down "unknown causes." **Rep. Jent** said what he may do is end up performing an unnecessary autopsy to further investigate and determine the cause of death, and that's the reason for this bill.

Closing by Sponsor:

Rep. Jent said that the Mt. Health Care Information Act has strict requirements of confidentiality, and as a public policy, this House enforces those in the statutes that we write. There are only narrow exceptions to those in two subsections. One is for a disclosure pursuant to a criminal investigative subpoena under 46-4-301. The reason that provision doesn't apply is because a coroner's subpoena is not issued under 46-4-301 but under 46-4-112. The coroner's subpoena is not signed by a judge but by the coroner, so there is a legitimate gray area that was raised by the Community Health Center in this case that can be corrected by the addition of new subsection 8 to this statute. It is in the public interest to aid

a coroner's determining the cause of death and to prevent unnecessary and invasive autopsies by passing this bill. ***{Tape : 2; Side : A; Approx. Time Counter : 21.2 - 22.8}***

HEARING ON HB 180

Sponsor: REP. TIM CALLAHAN, HD 43, Great Falls

Proponents: Teresa Henry, Missoula, APRN
Joe Connell, Chief Probation Officer, 5th District
Sandy Oitzinger, Exec. Dir., Mt. Juvenile Probation Officers' Assn.
Sami Butler, Exec. Dir., Mt. Nurses' Assn.
Beda Lovitt, Montana Medical Assn.

Opponents:

Opening Statement by Sponsor:

REP. TIM CALLAHAN, HD 43, Great Falls, said that HB 180 was requested by the Juvenile Probation Officers' Assn. The bill allows poor youth who are in one of our state correctional facilities, Pine Hills or Riverside, to receive a physical exam from a physician, a physician assistant, or an APRN, which is an advanced practice registered nurse. Current law just allows for physicians to perform those. He had contacted the Corrections Department, and Steve Gibson at Pine Hills said they have no problem with this change, however they have been limited in the past and they refused to accept kids who had had physicals from someone other than a physician. ***{Tape : 2; Side : A; Approx. Time Counter : 23.4 - 24.8}***

Proponents' Testimony:

Teresa Henry, Missoula, APRN, said that she is a nurse practitioner who has performed thousands of physical exams during the past 20 years. Performing complete physical exams and screening tests is well within the scope of advanced practice registered nurses and physicians' assistants certified. Currently nurse practitioners can perform exams for class two drivers' licenses as well as sign reports of work comp-related injuries and illnesses. This is consistent with current practice. APRNs are cost-effective primary care providers and are able to provide this service. This bill allows APRNs and PACs, along with physicians, to perform exams prior to admission to a youth correctional facility, and that's a

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON HUMAN SERVICES

Call to Order: By **CHAIRMAN BILL THOMAS**, on January 22, 2001 at 3:00 P.M., in Room 172 Capitol.

ROLL CALL

Members Present:

Rep. Bill Thomas, Chairman (R)
Rep. Roy Brown, Vice Chairman (R)
Rep. Trudi Schmidt, Vice Chairman (D)
Rep. Tom Dell (D)
Rep. John Esp (R)
Rep. Tom Facey (D)
Rep. Daniel Fuchs (R)
Rep. Dennis Himmelberger (R)
Rep. Larry Jent (D)
Rep. Brad Newman (D)
Rep. Mark Noennig (R)
Rep. Holly Raser (D)
Rep. Diane Rice (R)
Rep. Rick Ripley (R)
Rep. Clarice Schrumpf (R)
Rep. James Whitaker (R)

Members Excused: Rep. Michelle Lee (D)
Rep. Jim Shockley (R)

Members Absent: None.

Staff Present: David Niss, Legislative Branch
Pati O'Reilly, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 316, HJ 1, 1/19/2001
Executive Action: HJ 1, HB 175, HB 81, HB 316

Closing by Sponsor:

Rep. McCann said that he first became informed about the area of mental health when he came into the legislature in 1995. Prior to that time, Montana had a fee for contract services, then went to a managed care contract, and now is back to a fee for contract and is looking at doing something that he doesn't quite understand yet, a regional system of care management. Without an interim study of continually being involved and keeping up with the needs of the people and the available resources, there's no way that we can address this issue for the good of the people who typically never come and testify, the patients themselves. He urges the committee to send this resolution out.

EXECUTIVE ACTION ON HJ 1

Motion/Vote: Motion: REP. RASER moved that **HJ1 DO PASS.**

Motion/Vote: REP. RASER moved that **HJ 1 DO PASS AS AMENDED. Motion passed unanimously.**

EXECUTIVE ACTION ON HB 175

Motion/Vote: REP. JENT moved **HB 175** do pass. **Motion carried 17-1 with Brown voting no.**

Discussion: Rep. Jent said the bill addresses a conflict between two existing statutes. The statute on health care information privacy does not contain an exception for a coroner's subpoena. Title 50 contains a section that says that basically health care information may not be disclosed by a health care provider pursuant to a compulsory legal process unless you have some of those exceptions. The issue was whether a coroner's subpoena amounts to such an exception. The law is silent on that, and this is a statute that says it is such an exception. That's why it is an addition to 50-16-530.

Rep. Esp asked **Rep. Jent** if the coroner's report is a matter of public record. **Rep. Jent** said the death certificate is, but the coroner's report is not necessarily public record. In criminal cases, it is generally considered confidential criminal information which may only be released upon the order of the court. **Rep. Esp** asked about the case referred to during the hearing regarding a patient who had died of AIDS and whether that would be public information, whether found out through medical records or through an autopsy. **Rep. Jent** said that is correct.

Rep. Brown said he was worried about the family that did not want the cause of death on the death certificate and is concerned about their privacy and the intent of the decedent regarding privacy about the cause of death. He wondered if he should be concerned. **Rep. Jent** said it is a legitimate concern, which is why the legislature enacted 50-16-530. It is public policy in this state to not disclose health care records of any kind without certain noted exceptions. The coroner is charged under the law to determine the cause of death and must put it on the death certificate. This bill will make it easier to determine the correct cause of death, and therefore may make it easier to determine a cause of death that people may not want to reveal. But the coroner can determine cause of death by examination, medical records, laboratory testing or by an autopsy. The crucial trade-off is, should the coroner be forced in certain instances to do the autopsy because he can't get the medical records. That is the ultimate reason for this bill.

Rep. Facey asked if a coroner could request a district court judge to subpoena these medical records. **Rep. Jent** said the coroner could request a criminal investigative subpoena under 46-4-301 if the coroner was a law enforcement office, but some aren't. That's part of the gray area this bill seeks to cover. There is no fiscal note for this bill, but **Rep. Jent** said there could be potential savings for litigation expense as well as for autopsy and transportation costs.

Motion/Vote: Question was called. The **DO PASS** motion on **HB 175 carried 17-1 with Brown voting no.**

EXECUTIVE ACTION ON HB 81

Motion: **REP. NOENNIG** moved that **HB 81 DO PASS.**

Motion/Vote: **REP. FACEY** moved that **HB 81 BE AMENDED. Motion carried 18-0. EXHIBIT(huh17a01)**

Motion/Vote: **REP. JENT** moved that **HB 81 AS AMENDED DO PASS.**

Discussion: **Rep. Jent** said he thinks this bill, which calls for mandatory testing for every student between grades 6 and 12, is unconstitutional. He referred to the January 8, 2001 issue of the Mt. School Boards' Assn. letter, which discussed a case recently decided in Indiana that struck down under the state constitution a policy requiring all students to consent to random testing as a prerequisite for engaging in extracurricular activities. The Indiana state constitution proposed a more stringent standard, that is, it's tougher on the state when the state wants to do something to an individual, and that is exactly how the Mt. Supreme Court has interpreted our constitution. The cases that were upheld by the

MINUTES

MONTANA SENATE
57th LEGISLATURE - REGULAR SESSION
COMMITTEE ON PUBLIC HEALTH, WELFARE AND SAFETY

Call to Order: By **CHAIRMAN AL BISHOP**, on March 5, 2001 at 3:00 P.M., in Room 335 Capitol.

ROLL CALL

Members Present:

Sen. Al Bishop, Chairman (R)
Sen. Duane Grimes, Vice Chairman (R)
Sen. Chris Christiaens (D)
Sen. Bob DePratu (R)
Sen. Eve Franklin (D)
Sen. Don Hargrove (R)
Sen. Dan Harrington (D)
Sen. Royal Johnson (R)
Sen. Jerry O'Neil (R)
Sen. Emily Stonington (D)

Members Excused: Sen. Fred Thomas (R)

Members Absent: None.

Staff Present: Jeanne Forrester, Committee Secretary
Susan Fox, Legislative Branch

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing(s) & Date(s) Posted: HB 279, 2/20/2001; HB 175, 2/20/2001; HB 458, 2/22/2001; HJ 9, 2/22/2001
Executive Action: HB 175; HB 458; HJ 9

HEARING ON HB 279

Sponsor: REP. JOE MCKENNEY, HD 49, GREAT FALLS

Proponents: Steve Meloy, Department of Commerce

opening. He said the last major update of the pharmacy codes was in 1980, things have changed in 20 years. In the 1990's alone, more than 400 new drugs have been approved by the FDA. He asked the committee for a do pass on the bill.

HEARING ON HB 175

Sponsor: REP. LARRY JENT, HD 29, BOZEMAN

Proponents: Pam Bucy, Department of Justice
Gary Dale, Department of Justice

Opponents: None

Opening Statement by Sponsor:

REP. LARRY JENT, HD 29, BOZEMAN introduced HB 175. He said this bill is an act allowing for the disclosure of confidential health care information without a patient's authorization to the state medical examiner or the county coroner.

Proponents' Testimony:

Pam Bucy, Department of Justice said in 1987 the Montana Legislature passed the Health Care Information Act. Under this act, if the coroner operated out of the sheriff's department they are able to obtain information. However, there are a few coroners' offices that do not operate within another department and they are not able to obtain information. This is a housekeeping bill for those offices, it would amend the section of law to include county coroners and medical examiners.

Gary Dale, Department of Justice said he is the state medical examiner and he looked at this bill as a housekeeping effort.

Opponents' Testimony: None

Questions from Committee Members and Responses: None

Closing by Sponsor:

REP. JENT thanked the committee for a good hearing. He hoped the committee would pass this bill.

EXECUTIVE ACTION ON HB 175

Motion/Vote: **SEN. JOHNSON** moved that **HB 175 BE CONCURRED IN. Motion carried 10-0.**

SEN. FRANKLIN will carry this bill in the Senate.

HEARING ON HB 458

Sponsor: **REP. DEBBY BARRETT, HD 34, DILLON**

Proponents: **Lawrence McElloy, Board of Medical Examiners**
Tanya Ask, BlueCross BlueShield
Jim Ahrens, Montana Hospital Association
Susan Good, Allied Citizens for Health Care Equity
Jerry Loendorf, Montana Medical Association

Opponents: None

Opening Statement by Sponsor:

REP. DEBBY BARRETT, HD 34, DILLON introduced HB 458. She said this is a bill to require managed care organizations employ or contract with a licensed physician to serve as a medical director. This is something the Board of Medical Examiners have wanted to do since 1996.

Proponents' Testimony:

Lawrence McElloy, Board of Medical Examiners said he felt very strongly that a medical director of a managed care organization should be a physician licensed by the State of Montana. He submitted a letter from Dr. James Bonnet **EXHIBIT(phs50a12).**

Tanya Ask, BlueCross BlueShield said they have three managed care organizations that would fall under this bill. All three of them have medical directors who are licensed to practice in the State of Montana.

Jim Ahrens, Montana Hospital Association said they supported this bill.

Susan Good, Allied Citizens for Health Care Equity said while they stand in support of this bill, they felt it does not go far enough. She said that actual medical personnel should be in charge of making medical decisions for people who are involved in managed care.